

BOOK REIMBURSEMENT REQUEST

Students Enrolled in Civilian Fully Funded Degree-Producing Programs

MEMORANDUM FOR Academy of Health Science, ATTN: MCCS-HEC, STE 205,
1750 Greeley Road, Fort Sam Houston, TX 78234-6122.

SUBJECT: Request For Payment

**(Fax request for Reimbursement to:(210) 295-0379 or (210) 221-2832,
along with copy of your orders and any amendments.**

Do NOT fax request to the AMEDD Student Detachment, as this is not our area of responsibility.

1. Full Name:_____Rank:_____SSN:_____

Address:_____

City_____State_____Zip Code_____

Day Time Number:()_____ - _____ Work Number () _____ - _____

2. I am requesting reimbursement payment in the amount of \$_____ for
(Select only one) **Book Reimbursement**{ } **Thesis** { } **Dissertation** { }
Academic Year_____. If requesting more than one reimbursement, submit a
memo for each request.

Signature_____Date_____

Students must submit claim within 90 days of enrollment of the student. Students
will submit a request for each subsequent academic year on the anniversary date of
enrollment. **Requests for payment more than 90 days deadline of the anniversary
date for each academic year will be returned without action.**

Please allow a 30-45 day processing time frame before calling to check the status on
claim. If you want Direct Deposit of your reimbursement, this is not done automatically
you need to contact, Central Training **(210) 295-9365/9427/9623/9514.** Call these
numbers to if you have questions/concerns/issues with your Book Reimbursement or
Tuition.

Officers: **Thesis** and **Dissertation** deadline for submitting payment will be 90 days after
conferring of the degree. Students must submit proof of evidence the degree has been
conferred. Proof of degree completion can be accomplished by providing a copy of the
final transcript with degree and date.

**For additional information Tuition and payment request, refer to Handbook for
Student, Chapter 7.**